

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,557,022.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,557,022.31
YTD Amount:	\$	36,849,836.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00011220
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	6,997.92
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	5,682.92
YTD Amount:	\$	87,697.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00145396
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	90,686.66
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	28,660.26
YTD Amount:	\$	686,645.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00938334
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	585,257.30
County Medical Services Program Offset	\$	585,257.30
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	2,493,485.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00149501
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	93,246.44
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	1,850.54
YTD Amount:	\$	429,835.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00118559
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	73,947.34
County Medical Services Program Offset	\$	73,947.34
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	271,735.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.02081556
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,298,308.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,298,308.02
YTD Amount:	\$	18,710,218.71

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00140173
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	87,428.64
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	9,292.84
YTD Amount:	\$	478,597.77

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00542727
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	338,509.39
County Medical Services Program Offset	\$	338,509.39
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,358,065.78

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.02542398
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,585,744.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,585,744.32
YTD Amount:	\$	22,852,527.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00134476
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	83,875.20
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	5,081.90
YTD Amount:	\$	420,810.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00944553
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	589,136.21
County Medical Services Program Offset	\$	589,136.21
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,723,352.88

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00935973
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	583,785.01
County Medical Services Program Offset	\$	583,785.01
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	2,074,303.64

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00182884
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	114,068.31
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	4,042.61
YTD Amount:	\$	543,601.34

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.01731625
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,080,049.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,080,049.14
YTD Amount:	\$	15,564,840.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00466498
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	290,964.22
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	7,680.92
YTD Amount:	\$	1,360,325.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00205165
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	127,965.38
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	25,669.08
YTD Amount:	\$	821,174.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00147004
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	91,689.02
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	22,977.72
YTD Amount:	\$	634,239.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.32827786
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	20,475,343.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	20,475,343.66
YTD Amount:	\$	295,074,912.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00459605
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	286,664.47
County Medical Services Program Offset	\$	286,664.47
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,250,590.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.01088549
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	678,949.67
County Medical Services Program Offset	\$	678,949.67
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	2,152,224.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00078332
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	48,857.16
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	5,350.96
YTD Amount:	\$	269,031.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00296651
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	185,027.43
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	19,527.53
YTD Amount:	\$	1,011,475.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00573510
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	357,709.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	357,709.33
YTD Amount:	\$	5,155,034.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00086397
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	53,887.22
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	6,983.82
YTD Amount:	\$	307,546.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00123310
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	76,910.80
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	39,979.90
YTD Amount:	\$	739,065.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00843636
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	526,192.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	526,192.64
YTD Amount:	\$	7,583,085.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00458913
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	286,233.46
County Medical Services Program Offset	\$	286,233.46
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,082,074.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00291055
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	181,537.03
County Medical Services Program Offset	\$	181,537.03
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	759,924.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.05520312
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,443,128.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,443,128.12
YTD Amount:	\$	49,619,711.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00358833
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	223,810.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	223,810.98
YTD Amount:	\$	3,225,389.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00123396
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	76,964.37
County Medical Services Program Offset	\$	76,964.37
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	220,357.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.03234150
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,017,203.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,017,203.94
YTD Amount:	\$	29,070,391.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.03348595
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,088,585.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,088,585.33
YTD Amount:	\$	30,099,076.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00176124
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	109,851.90
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	1,250.80
YTD Amount:	\$	497,087.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.03592458
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,240,687.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,240,687.80
YTD Amount:	\$	32,291,070.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.06138059
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,828,429.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,828,429.39
YTD Amount:	\$	55,172,377.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.06260938
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,905,071.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,905,071.36
YTD Amount:	\$	56,276,885.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.01414137
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	882,025.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	882,025.07
YTD Amount:	\$	12,711,068.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00470870
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	293,690.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	293,690.96
YTD Amount:	\$	4,232,446.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	906,266.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	906,266.93
YTD Amount:	\$	13,060,421.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00867978
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	541,375.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	541,375.36
YTD Amount:	\$	7,801,890.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.03493360
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,178,878.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,178,878.12
YTD Amount:	\$	31,400,313.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	367,153.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	367,153.82
YTD Amount:	\$	5,291,140.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00804394
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	501,716.26
County Medical Services Program Offset	\$	501,716.26
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,903,718.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00028606
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	17,842.43
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	4,253.63
YTD Amount:	\$	121,241.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00227384
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	141,824.11
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	4,620.71
YTD Amount:	\$	671,825.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.01146357
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	715,005.74
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	27,893.04
YTD Amount:	\$	3,432,976.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.01854596
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	1,156,748.50
County Medical Services Program Offset	\$	1,156,748.50
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	3,648,972.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.01149562
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	717,004.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	717,004.88
YTD Amount:	\$	10,332,927.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	279,793.59
County Medical Services Program Offset	\$	279,793.59
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,055,874.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00302137
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	188,448.58
County Medical Services Program Offset	\$	188,448.58
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	806,256.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00127823
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	79,726.04
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	18,576.34
YTD Amount:	\$	537,454.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.01023676
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	638,487.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	638,487.37
YTD Amount:	\$	9,201,387.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00234036
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	145,973.16
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	441.16
YTD Amount:	\$	648,334.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	846,318.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	846,318.83
YTD Amount:	\$	12,196,494.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00373362
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	232,873.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	232,873.20
YTD Amount:	\$	3,355,990.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00366093
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	228,339.65
County Medical Services Program Offset	\$	228,339.65
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	906,294.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00123264
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	76,882.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	76,882.50
YTD Amount:	\$	1,107,970.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00559312
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	348,853.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	348,853.83
YTD Amount:	\$	5,027,413.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200340A
PAYMENT ISSUE DATE: 6/27/2013

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2013 TO: 6/15/2013

Total amount collected:	\$93,033,055.13	Percentage of collection:	0.67042826
Gross monthly apportionment:	\$62,371,989.00	County/City Ratio:	0.00187637
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	117,033.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	117,033.18
YTD Amount:	\$	1,686,590.39